Case 17-21831-SLM Doc 14 Filed 07/17/17 Entered 07/18/17 11:17:26 Desc Main Document Page 1 of 37

Fill in this	information to identif	y your case and this	filing:		
Debtor 1	Roseanne		Guizio	U.S. BANKRUPTCY	COURT
Debior	First Name	Middle Name	Last Name	FILED ME WARK, NJ	
Debtor 2 (Spouse, if fili	ing) First Name	Middle Name	Last Name		
United State	es Bankruptcy Court for the	e: District of New Jerse	y 🔽	2011 JUL 17 P	12: 45
Case numb	17_21831_SLM			JEANNE A. NAUGH	ITOM
Case Hullio				M	Check if this is an appended filing
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Officia	al Form 106A	/B		DEPUT CLERK	L
					12/15
	edule A/B		List an asset only once. If an asset fits in more t		
write you	r name and case num Describe Each Res	ber (if known). Answ	ore space is needed, attach a separate sheet to thi er every question. Land, or Other Real Estate You Own or Have tin any residence, building, land, or similar prope	e an Interest In	ny additional pages,
	. Go to Part 2.	ar or oquitable interes	3 ,		
	s. Where is the property	?			
			What is the property? Check all that apply.	Do not deduct secured cla	
4.4	11 Fairview Avenu	е	Single-family home	the amount of any secured Creditors Who Have Claim	
1.1.	Street address, if available		☐ Duplex or multi-unit building☐ Condominium or cooperative	Current value of the	Current value of the
			Manufactured or mobile home	entire property?	portion you own?
			Land	\$ <u> </u>	\$
	Longvalley	NJ 07853	☐ Investment property	Describe the nature of	of your ownership
	City	State ZIP Code	☐ Timeshare ☐ Other	interest (such as fee	simple, tenancy by
				the entireties, or a life	e estate), it known.
			Who has an interest in the property? Check one. Debtor 1 only		
	Morris		Debtor 2 only	_	
	County		Debtor 1 and Debtor 2 only	Check if this is co	mmunity property
			At least one of the debtors and another	(see instructions)	
			Other information you wish to add about this it property identification number:		
l f vou	own or have more than	one list here:	property identification number.		
ii you t	OWIT OF Have more than	one, list here.	What is the property? Check all that apply.	Do not deduct secured cla	aims or exemptions. Put
			☐ Single-family home	the amount of any secure	d claims on Schedule D:
1.2.	Street address, if available	or other description	Duplex or multi-unit building	Creditors Who Have Clair	ns secured by Property.
	Officer address, if available	, or outer accompany	Condominium or cooperative	Current value of the entire property?	Current value of the portion you own?
			■ Manufactured or mobile home ■ Land	entire property:	¢
			☐ Investment property	a	Φ
	0	01-1- 7ID Code	☐ Timeshare	Describe the nature of	
	City	State ZIP Code	☐ Other	interest (such as fee the entireties, or a life	
			Who has an interest in the property? Check one.		
			Debtor 1 only		
	County		Debtor 2 only		
	-		Debtor 1 and Debtor 2 only	Check if this is co	ommunity property
			☐ At least one of the debtors and another	(see instructions)	
			Other information you wish to add about this ite property identification number:		
			F F		

Official Form 106A/B Schedule A/B: Property page 1

What is the property? Check all that apply Size address. if available, or other description Display or multi-unit building Confidence secured claims or exemptions. Put the amount of any secured claims or exemptions. Put the amount of any secured claims or exemptions. Put the amount of any secured claims or exemptions. Put the amount of any secured claims or exemptions. Put the amount of any secured claims or exemptions. Put the amount of any secured claims or exemptions. Put the amount of any secured delimins or exemptions. Put the amount of any secured claims or exemptions. Pu	(Case 17-21831-	SLM Doc		7 11:17:26 Des	sc Main
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Street address, if available, or other description Quelles or multi-unit building Creditors With the Claims Secured by Property.						
Care with the community property Care with the conting pro	1.3.		ale or other decer			
Manufactured or mobile home entire property? portion you own?		Offeet address, if availab	ne, or other descrip	•	Current value of the	Current value of the
Cay State ZIP Code						
County Debtor 1 only Debtor 1 and Debtor 2 only Check if this is community property					\$	\$
Other Other Interest tin the property? Check one. Other Individual County Other Indivi				☐ Investment property		
County		City	State ZIP		Describe the nature	of your ownership
Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Check if this is community property (see instructions) Other information:				Other	the entireties, or a li	fe estate), if known.
Debtor 2 only				Who has an interest in the property? Check one.		
Debtor 2 only				Debtor 1 only		
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Other information you wish to add about this item, such as local property identification number: 2 Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here. 3 Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases. 3 Cars, vans, trucks, tractors, sport utility vehicles, motorcycles 3 1. Make: Mercedes Model: CLK430 Debtor 1 only Check or and Debtor 2 only Approximate mileage: Other information: Who has an interest in the property? Check one. Instructions) Model: Check if this is community property (see instructions) Who has an interest in the property? Check one. Instructions) Model: Current value of the entire property? Current value of the debtor s and another Model: Debtor 1 only Creditors Who taxe Claims or exemptions. Put the amount of any secured claims or exemptions. Put the amount of any secured claims or exemptions. Put the amount of any secured claims or exemptions. Put the amount of any secured claims or exemptions. Put the amount of any secured claims or exemptions. Put the amount of any secured claims or exemptions. Put the amount of any secured claims or exemptions. Put the amount of any secured claims or exemptions. Put the amount of any secured claims or exemptions. Put the amount of any secured claims or exemptions. Put the amount of any secured claims or exemptions. Put the amount of any secured claims or exemptions. Put the amount of any secured claims or exemptions. Put the amount of any secured claims or exemptions. Put the amount of any secured claims or exemptions. Put the amount of any secured claims or exemptions. Put the amount of any secured c				Debtor 1 and Debtor 2 only	Check if this is co	ommunity property
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Part 2: Describe Your Vehicles Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases. 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles No Yes 3.1. Make: Mercedes					om, suom as rocar	
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Roseanne Debtor 1 Middle Name Last Name Who has an interest in the property? Check one. Do not deduct secured claims or exemptions. Put Make: 3.3. the amount of any secured claims on Schedule D: Debtor 1 only Creditors Who Have Claims Secured by Property. Model: Debtor 2 only Current value of the Current value of the Year: Debtor 1 and Debtor 2 only portion you own? entire property? Approximate mileage: At least one of the debtors and another Other information: ☐ Check if this is community property (see instructions) Who has an interest in the property? Check one. Do not deduct secured claims or exemptions. Put 3.4. Make: the amount of any secured claims on Schedule D: Debtor 1 only Creditors Who Have Claims Secured by Property. Model: Debtor 2 only Current value of the Current value of the Year: Debtor 1 and Debtor 2 only portion you own? entire property? Approximate mileage: At least one of the debtors and another Other information: ☐ Check if this is community property (see instructions) 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories ZÍ No ☐ Yes Who has an interest in the property? Check one. Do not deduct secured claims or exemptions. Put Make: 41. the amount of any secured claims on Schedule D: Debtor 1 only Creditors Who Have Claims Secured by Property. Model: Debtor 2 only Year: Debtor 1 and Debtor 2 only Current value of the Current value of the Other information: entire property? portion you own? At least one of the debtors and another ☐ Check if this is community property (see instructions) If you own or have more than one, list here: Who has an interest in the property? Check one. Do not deduct secured claims or exemptions. Put Make: the amount of any secured claims on Schedule D: Debtor 1 only Creditors Who Have Claims Secured by Property. Model: Debtor 2 only Current value of the Current value of the Year: Debtor 1 and Debtor 2 only portion you own? entire property? Other information: At least one of the debtors and another ☐ Check if this is community property (see instructions) 5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here

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Roseanne Debtor 1

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Part 3:

Last Name

Describe Your Personal and Household Items

Current value of the

o you own or have any legal or equitable interest in any of the following items?	portion y Do not ded or exemption	luct secured claims
Household goods and furnishings		
Examples: Major appliances, furniture, linens, china, kitchenware		
□ N ₀		
☑ Yes. Describe Used household applicances, kitchenware and furniturre	\$	1,100.00
. Electronics		
Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games		
☐ No ☐ Yes. Describe	\$	800.00
. Collectibles of value		
Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles 2 No		
Yes. Describe	\$	
Equipment for sports and hobbies		
Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments		
☑ No ☐ Yes. Describe	\$	
0. Firearms		
Examples: Pistols, rifles, shotguns, ammunition, and related equipment No		
☐ Yes. Describe	\$	
1. Clothes	_	
Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories D No		
Yes. Describe	\$	750.00
2. Jewelry		
Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver		
Yes. Describewedding band, gold earrings	\$	1,000.00
3. Non-farm animals Examples: Dogs, cats, birds, horses		
□ No		
✓ Yes. Describedog	\$	
4. Any other personal and household items you did not already list, including any health aids you did not list		
☑ No	1	
Yes. Give specific information	\$	
5. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here	. \$	

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Debtor 1

First Name Middle Name

o you own or have any	legal or equitable interest in a	ny of the following?		Current value of portion you ow Do not deduct sector exemptions.	m?
6. Cash <i>Examples:</i> Money you	have in your wallet, in your hom	e, in a safe deposit box, and on hand when you file	your petition		
☐ No ☑ Yes			ash:	\$	200.00
7. Deposits of money Examples: Checking, and other s	savings, or other financial accou similar institutions. If you have m	nts; certificates of deposit; shares in credit unions, tultiple accounts with the same institution, list each.	orokerage houses,		
2 Yes		Institution name:			
	17.1. Checking account:	PNC Bank		\$	700.00
	17.2. Checking account:	PNC Bank		\$	400.00
	17.3. Savings account:			\$	
	17.4. Savings account:			\$	
	17.5. Certificates of deposit:			\$	
	17.6. Other financial account:			\$	
	17.7. Other financial account:			\$	
	17.8. Other financial account:			\$	
	17.9. Other financial account:			\$	
Examples: Bond funds No		erage firms, money market accounts			
□ Yes	Institution or issuer name:			\$	
				\$	
				\$	
	etock and interests in incorna	rated and unincorporated businesses, including	g an interest in		
19. Non-publicly traded an LLC, partnership					
an LLC, partnership No	, and joint venture Name of entity:		% of ownership:		
an LLC, partnership	, and joint venture Name of entity:		% of ownership: 0%	\$	

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Case number (if known) 17-21831-SLM Roseanne Document Debtor 1 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. No No ☐ Yes. Give specific Issuer name: information about them..... 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans 2 No Yes. List each account separately. Type of account: Institution name: 401(k) or similar plan: Pension plan: IRA: Retirement account: Keogh: Additional account: Additional account: 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others ☑ No Yes..... Institution name or individual: Electric: Gas: Heating oil: Security deposit on rental unit: ___ Prepaid rent: Telephone: Water: Rented furniture: Other: 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) 2 No Issuer name and description:

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Case 17-21831-SLM Doc 14 Filed 07/17/17 Entered 07/18/17 11:17:26 Desc Main Dogument Page 7 of 37 Case number (# known) 17-21831-SLM Roseanne Debtor 1 First Name Middle Name 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). **Ø** No ☐ Yes Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit No ☐ Yes. Give specific information about them.... \$ 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements **Ø** No ☐ Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses Z No ☐ Yes. Give specific information about them.... Money or property owed to you? Current value of the portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you ☑ No ☐ Yes. Give specific information Federal: about them, including whether you already filed the returns State: and the tax years. Local: 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ☑ No ☐ Yes. Give specific information..... Alimony: Maintenance: Support: Divorce settlement: Property settlement: 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else No No Yes. Give specific information.....

Cas Debtor 1	Roseanne	1-SLM Do	oc 14 Filed 07/17/17 Document F	7 Entered 07/18/17 11:17:26 Page 8 of 37 Case number (If known) 17-21831	Desc Main -SLM
	s in insurance p		nce; health savings account (HS	A); credit, homeowner's, or renter's insurance	
☐ No					
✓ Yes.	Name the insura of each policy ar		Company name:	Beneficiary:	Surrender or refund value
			Fidelity	Larry Guizio	\$
					\$
					\$
If you are	erest in property e the beneficiary because someor	of a living trust, e	from someone who has died expect proceeds from a life insur	ance policy, or are currently entitled to receive	
	Give specific info	ormation			
					\$
33. Claims a Example	igainst third par s: Accidents, emp	ties, whether or ployment dispute	not you have filed a lawsuit ones, insurance claims, or rights to	r made a demand for payment sue	
_	Describe each cl	aim			
					\$
34. Other co to set of No	ntingent and un f claims	liquidated clain	s of every nature, including c	ounterclaims of the debtor and rights	
Yes.	Describe each cla	aim			\$
🛭 No	ncial assets you		list		\$
36. Add the o	dollar value of a	Il of your entrie	s from Part 4, including any er	tries for pages you have attached	s
					the second secon
Part 5:	Describe Any	/ Business-F	Related Property You Ov	vn or Have an Interest In. List any	real estate in Part 1.
No. G	wn or have any I o to Part 6. So to line 38.	egal or equitab	e interest in any business-rela	ited property?	
— 103. 0	DO TO TIME 36.				
					Current value of the portion you own? Do not deduct secured claims or exemptions
8. Accounts	receivable or co	ommissions you	already earned		or exemptions.
☑ No					
☐ Yes. D	escribe				
9. Office ear	ــــــا ipment, furnish	ings, and suppl	ies)
Examples: 8	Business-related cor	mputers, software,	modems, printers, copiers, fax mach	nes, rugs, telephones, desks, chairs, electronic devices	6
✓ No					
☐ Yes. D	escribe				\$
4 - No. 1 - 100 -	L				

C	Case 17-21	831-SLM Doc 14 Filed 07/17/17 Entered 07/18/17 11:17:26	Desc Main
Debtor 1	Roseanne	Page 9 of 37 Case number (if known) 17-2183	31-SLM
	First Name	Middle Name Last Name	
		equipment, supplies you use in business, and tools of your trade	
☑ No			
☐ Ye	s. Describe		s
			The second of th
41. Invento	Orv		
41. IIIVelic	-		
-	s. Describe		c
12 Interes	ete in nartnarch	ips or joint ventures	
✓ No		ips or joint ventures	
		Name of entity: % of ownershi	
			p:
		%	\$
		%	\$
		%	\$
43. Custon	ner lists, mailin	ng lists, or other compilations	
✓ No	,	3 ······	
☐ Yes	s. Do your lists	include personally identifiable information (as defined in 11 U.S.C. § 101(41A))?	
	☐ No		
	Yes. Desc	ribe	
			\$
44 Any hu	hatelar-eeanieı	property you did not already list	non-manuschen magazita.
✓ No	iomioco rolatou	property you did not already list	
	s. Give specific		c
info	rmation		5
			\$
			\$
			\$
			\$
			•
			Ψ
45. Add the	e dollar value o t 5. Write that n	of all of your entries from Part 5, including any entries for pages you have attached number here	\$
101 1 411	co. write that h	univer nere	→
Part 6:	Describe Ar	ny Farm- and Commercial Fishing-Related Property You Own or Have an Interes	.4 Im
	If you own or	have an interest in farmland, list it in Part 1.	rt 111.
46. Do you	own or have a	ny legal or equitable interest in any farm- or commercial fishing-related property?	
	Go to Part 7.		
■ Yes.	. Go to line 47.		
			Current value of the
			portion you own?
47 F	-11		Do not deduct secured claims or exemptions.
47. Farm ar		huldry form mixed field	
<i>⊑xampi</i> e ✓ No	os. Livesiock, po	oultry, farm-raised fish	
	!		
			\$

Cas Debtor 1	Se 17-218 Roseanne		Docum	07/17/17 <u>ค</u> ณ Pag	Entered 07/18/17 11: e 10 of 37 Case number (# known)	17:26 17-21831	Desc Main -SLM
		mode Harre	Last Name				
48. Crops — ☑ No	either growin	g or harveste	ed				
	Give specific						
infor	mation	f					\$
VI No			ements, machinery, fix	tures, and tools			
□ Yes.	•••••••••••••••••••••••••••••••••••••••						
50. Farm an	d fishing sup		als and food				\$
No	3 - 4						
Yes.							
							\$
∠ No		rcial fishing-	related property you di				
☐ Yes. inforr	Give specific nation						\$
52. Add the	dollar value o	f all of your e	entries from Part 6. incl	uding any entric	s for pages you have ettech-		
for Part	6. Write that n	umber here			pages you have attached	, →	\$
Examples: No Yes. (inform	Season tickets, Sive specific attion	country club me			ere		\$\$ \$\$
and the second second second	The other complete	*** ***	and the second s	Contract management	en e		
Part 8:	ist the To	tals of Eac	h Part of this For	<u>m</u>			
55. Part 1: To	tal real estate	, line 2				→	\$
56. Part 2: To	tal vehicles, li	ne 5		\$			
57. Part 3: Tot	tal personal a	nd household	d items, line 15	\$			
58. Part 4: Tot	al financial as	ssets, line 36		\$			
9. Part 5: Tot	al business-r	elated proper	ty, line 45	\$			
0. Part 6: Tot	al farm- and f	ishing-related	d property, line 52	\$			
1.Part 7: Tot	al other prope	erty not listed	, line 54	+\$			
2. Total perso	onal property.	Add lines 56	through 61	\$	Copy personal prope	erty total 👈	+\$
o T -4 •				-	- <u></u>		
3. I otal of all	property on S	Schedule A/B	. Add line 55 + line 62				\$ 3,200.00

63.

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Debtor 1 Roseanne First Name Middle Nam	Guizio		H C DAME
Debtor 2			U S. BANKRUPTCY COURT FILED MEWARK, NJ
(Spouse, if filing) First Name Middle Nam United States Bankruptcy Court for the: District of Ne	20011111110		
Case number 17-21831	w Jersey		111 JUL 17 P 12: 45
(If known)			☐ Check if this is JEANNE A. MAUG HMEN ded filing
Official Form 106C		D T	DEPUTY CLERK
Schedule C: The Pro	perty You	Claim as Exemn	ot 04/16
e as complete and accurate as possible. If two n sing the property you listed on <i>Schedule A/B: Pr</i> lace is needed, fill out and attach to this page as	narried people are filing to	ogether, both are equally responsible for	supplying correct information.
r name and case number (if known). r each item of property you claim as exempted the control of			
any applicable statutory limit. Some exempt tirement funds—may be unlimited in dollar a nits the exemption to a particular dollar amo ould be limited to the applicable statutory am	mount. However, if you unt and the value of the nount.	claim an exemption of 100% of fair m	arket value under a leur that
art 1: Identify the Property You Claim	m as Exempt		<u> </u>
. Which set of exemptions are you claiming	? Check one only, even i	f your spouse is filing with you.	
 Which set of exemptions are you claiming You are claiming state and federal nonba 	nkruptcy exemptions, 11	f your spouse is filing with you. U.S.C. § 522(b)(3)	
 Which set of exemptions are you claiming You are claiming state and federal nonba You are claiming federal exemptions. 11 	nkruptcy exemptions, 11	f your spouse is filing with you. U.S.C. § 522(b)(3)	
☐ You are claiming state and federal nonba☑ You are claiming federal exemptions. 11	nkruptcy exemptions. 11 U.S.C. § 522(b)(2)	U.S.C. § 522(b)(3)	
 ☑ You are claiming state and federal nonba ☑ You are claiming federal exemptions. 11 	nkruptcy exemptions. 11 U.S.C. § 522(b)(2)	U.S.C. § 522(b)(3)	
 ☑ You are claiming state and federal nonba ☑ You are claiming federal exemptions. 11 	nkruptcy exemptions. 11 U.S.C. § 522(b)(2) that you claim as exem	U.S.C. § 522(b)(3)	Specific laws that allow exemption
You are claiming state and federal nonba You are claiming federal exemptions. 11 For any property you list on Schedule A/B Brief description of the property and line on	nkruptcy exemptions. 11 U.S.C. § 522(b)(2) that you claim as exem Current value of the	U.S.C. § 522(b)(3)	Specific laws that allow exemption
You are claiming state and federal nonba You are claiming federal exemptions. 11 For any property you list on Schedule A/B Brief description of the property and line on Schedule A/B that lists this property Brief	nkruptcy exemptions. 11 U.S.C. § 522(b)(2) that you claim as exem Current value of the portion you own Copy the value from	U.S.C. § 522(b)(3) pt, fill in the information below. Amount of the exemption you claim Check only one box for each exemption.	Specific laws that allow exemption
You are claiming state and federal nonba You are claiming federal exemptions. 11 For any property you list on Schedule A/B Brief description of the property and line on Schedule A/B that lists this property Brief description: Line from	nkruptcy exemptions. 11 U.S.C. § 522(b)(2) that you claim as exem Current value of the portion you own Copy the value from	U.S.C. § 522(b)(3) pt, fill in the information below. Amount of the exemption you claim Check only one box for each exemption. \$\Boxed{\top}\$ \$\boxed{\top}\$ 100% of fair market value, up to	Specific laws that allow exemption
You are claiming state and federal nonba You are claiming federal exemptions. 11 For any property you list on Schedule A/B Brief description of the property and line on Schedule A/B that lists this property Brief description:	nkruptcy exemptions. 11 U.S.C. § 522(b)(2) that you claim as exem Current value of the portion you own Copy the value from	U.S.C. § 522(b)(3) pt, fill in the information below. Amount of the exemption you claim Check only one box for each exemption.	Specific laws that allow exemption
You are claiming state and federal nonba You are claiming federal exemptions. 11 For any property you list on Schedule A/B Brief description of the property and line on Schedule A/B that lists this property Brief description: Line from	nkruptcy exemptions. 11 U.S.C. § 522(b)(2) that you claim as exem Current value of the portion you own Copy the value from	U.S.C. § 522(b)(3) pt, fill in the information below. Amount of the exemption you claim Check only one box for each exemption. \$	Specific laws that allow exemption
You are claiming state and federal nonba You are claiming federal exemptions. 11 For any property you list on Schedule A/B Brief description of the property and line on Schedule A/B that lists this property Brief description: Line from Schedule A/B: Brief	nkruptcy exemptions. 11 U.S.C. § 522(b)(2) that you claim as exem Current value of the portion you own Copy the value from Schedule A/B \$	U.S.C. § 522(b)(3) pt, fill in the information below. Amount of the exemption you claim Check only one box for each exemption. \$\Boxed{\top}\$ \$\boxed{\top}\$ 100% of fair market value, up to	Specific laws that allow exemption
You are claiming state and federal nonba You are claiming federal exemptions. 11 For any property you list on Schedule A/B Brief description of the property and line on Schedule A/B that lists this property Brief description: Line from Schedule A/B: Brief description: Line from Schedule A/B: Line from	nkruptcy exemptions. 11 U.S.C. § 522(b)(2) that you claim as exem Current value of the portion you own Copy the value from Schedule A/B \$	U.S.C. § 522(b)(3) Inpt, fill in the information below. Amount of the exemption you claim Check only one box for each exemption. \$	Specific laws that allow exemption
You are claiming state and federal nonbated You are claiming federal exemptions. 11 For any property you list on Schedule A/B Brief description of the property and line on Schedule A/B that lists this property Brief description: Line from Schedule A/B: Brief description: Line from Schedule A/B: Brief description: Line from Schedule A/B: Brief	nkruptcy exemptions. 11 U.S.C. § 522(b)(2) that you claim as exem Current value of the portion you own Copy the value from Schedule A/B \$	U.S.C. § 522(b)(3) pt, fill in the information below. Amount of the exemption you claim Check only one box for each exemption. \$	Specific laws that allow exemption
You are claiming state and federal nonba You are claiming federal exemptions. 11 For any property you list on Schedule A/B Brief description of the property and line on Schedule A/B that lists this property Brief description: Line from Schedule A/B: Brief description:	nkruptcy exemptions. 11 U.S.C. § 522(b)(2) that you claim as exem Current value of the portion you own Copy the value from Schedule A/B \$	U.S.C. § 522(b)(3) pt, fill in the information below. Amount of the exemption you claim Check only one box for each exemption. \$	Specific laws that allow exemption
You are claiming state and federal nonba You are claiming federal exemptions. 11 For any property you list on Schedule A/B Brief description of the property and line on Schedule A/B that lists this property Brief description: Line from Schedule A/B: Brief description: Line from Schedule A/B: Brief description: Line from Schedule A/B: Are you claiming a homestead exemption o	nkruptcy exemptions. 11 U.S.C. § 522(b)(2) that you claim as exem Current value of the portion you own Copy the value from Schedule A/B \$	u.S.C. § 522(b)(3) Amount of the exemption you claim Check only one box for each exemption. \$	
You are claiming state and federal nonba You are claiming federal exemptions. 11 For any property you list on Schedule A/B Brief description of the property and line on Schedule A/B that lists this property Brief description: Line from Schedule A/B: No	nkruptcy exemptions. 11 U.S.C. § 522(b)(2) that you claim as exem Current value of the portion you own Copy the value from Schedule A/B \$	u.s.c. § 522(b)(3) pt, fill in the information below. Amount of the exemption you claim Check only one box for each exemption. \$	
You are claiming state and federal nonba You are claiming federal exemptions. 11 For any property you list on Schedule A/B Brief description of the property and line on Schedule A/B that lists this property Brief description: Line from Schedule A/B: Brief description: Consider A/B: Are you claiming a homestead exemption of (Subject to adjustment on 4/01/19 and every 3)	nkruptcy exemptions. 11 U.S.C. § 522(b)(2) that you claim as exem Current value of the portion you own Copy the value from Schedule A/B \$	u.s.c. § 522(b)(3) pt, fill in the information below. Amount of the exemption you claim Check only one box for each exemption. \$	

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Roseanne

Guizio Middle Name Last Name

Case number (if known) 17-21831

Additional Page

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	0
	Copy the value from		Specific laws that allow exemption
Print	Schedule A/B	Check only one box for each exemption	
Brief description:		,	
	\$. 🔾 \$	
Line from Schedule A/B:			
		100% of fair market value, up to	
Brief		any applicable statutory limit	_
description:	\$		
Line from	*	□ \$	
Schedule A/B:		100% of fair market value, up to	
		any applicable statutory limit	
Brief		y mint	
description:	\$	D .	
Line from	*	□ \$	
Schedule A/B:		100% of fair market value, up to	
Dei-1		any applicable statutory limit	
Brief		- Motory min	
description:	\$		
Line from		\$	
Schedule A/B:		100% of fair market value, up to	
Brief		any applicable statutory limit	
description:	\$		
Line from			
Schedule A/B: ———	[100% of fair market value, up to	
		any applicable statutory limit	
Brief			
description:	\$ -		
Line from	-] \$	
Schedule A/B:		100% of fair market value, up to	
		any applicable statutory limit	
Brief		, statutory limit	
description:\$			
Line from		1 \$	
Schedule A/B:		100% of fair market value, up to	
Brief		any applicable statutory limit	
description -		statutory limit	
Line from		\$	
Schedule A/B:		100%	
		100% of fair market value, up to	
Brief	•	any applicable statutory limit	
description			
Line from	Q \$.	
Schedule A/B:			
, v _D ,	ا ال	00% of fair market value, up to	
Brief	ď	ny applicable statutory limit	
description:			
Line from	 \$		
Schedule A/B:		00% of fair market value, up to	
Brief	an	TV applicable states in the states of the st	
description	an an	ny applicable statutory limit	
Line from	D\$_		
Schedule A/B:	100	0% of fair market value, up to	
D : 4	any	y applicable statutory limit	
Brief			
description: \$	D ¢		
ine from	Ψ		
Schedule A/B:	1 00	% of fair market value, up to	
		applicable statutory limit	

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			D	ocument	Page 1	13 of 37			
Fill in this info	ormation to ide	entify your	2350:						
1 505101 1	Rosanne First Name			Guizio					
Debtor 2	not Marile	Mid	dle Name	Last Name				U.S. BANKRUPT	
(Spouse, if filing)	irst Name	Mide	dle Name	Last Name				FILED	CY COURT
United States Ba	nkruptcy Court for	the: District	of New Jersey					**************************************	N.I
			arrion corocy					2017 JUL 17 0	•••
Case number (If known)				_			•		12:110
						_		JEANNE A. abyen	(ifthis∜s)an
065	_						a	कामकाम	HALON Ind
Official F	orm 106)					, u	DED	t
Schedu	le D: C	 redita	re Who	Have C	laima	0	ed by Pro	DEPUTY CLERK	
		Cuito	13 11110	паче С	iaims	<u> Secur</u>	ed by Pro	perty	12/15
information. If	e and accurate	as possibl	e. If two married	people are fi	ling togethe	r, both are e	qually responsible	for supplying correc	ct
additional page	es, write your n	name and c	opy the Addition ase number (if I	al Page, fill it ((nown)	out, number	the entries,	and attach it to th	e for supplying correction for the form. On the top o	fany
				·					
1. Do any credi	itors have clain	ns secured	by your proper	ty?					
U No. Chec	k this box and s	ubmit this fo	orm to the court v	vith your other:	schedules. Y	ou have noth	ing else to report o	n this form.	
Yes. Fill in	n all of the inforr	nation belov	v.				• • • • • • • • • • • • • • • • • • • •		
Part 1: List	All 6								
LEMEN LIST	All Secured (claims							
2. List all secur	ed claims. If a c	creditor has	more than one c	acurad alaim li			Column A	Column B	Column C
	·· · · · · · · · · · · · · · · · · · ·	nie Geomor	uas a nameurar a	claim liet the et	tha=		Amount of claim	Value of collateral	Unsecured
As much as p	ossible, list the	claims in alp	habetical order a	according to the	e creditor's na	ame.	Do not deduct the value of collateral.	that supports this claim	portion
24	ancial c/o Att						value of conditions.	Ciaini	If any
Creditor's Name	anciai c/o Att	orney	Describe the	property that s	ecures the cl	aim:	\$	_ \$	\$
216 Hadde	on Avenue		11 Fariview	Avenue, W	ashington,	NJ			
Number S	Street		- 07853		_				
201			As of the date	you file, the cl	laim is: Check	all that apply.			
Westmont	NJ	08108	 U Contingent 			11.7.			
City	State	ZIP Code	_ Unliquidate	d					
Who owes the o			□ Disputed						
Debtor 1 only				Check all that ap					
Debtor 2 only			An agreeme	ent you made (su	ch as mortgag	e or secured			
Debtor 1 and			car loan) Statutory lie	n (such as tax lie	n mochanis's	liam)			
	f the debtors and a	another	Judgment li	en from a lawsuit	in, mechanic s	ilen)			
	claim relates to			ding a right to offs					
community	debt	оа							
Date debt was in	ocurred		Last 4 digits of	f account numb	ber				
^{2.2} Everbank			Describe the p			im·	¢		
Creditor's Name	_						Φ	\$\$	
216 Haddor	n Avenue		11 Fairview / 07853	Avenue, vva	ishington,	NJ			
201	eet		<u> </u>						
201			As of the date :	you file, the cla	im is: Check	all that apply.			
Westmont	NJ	08108	Unliquidated						
City	State	ZIP Code	☐ Disputed						
Who owes the de	ebt? Check one.		Nature of lien.	Thock all that are	-l				
Debtor 1 only									
Debtor 2 only			An agreemer car loan)	it you made (suc	h as mortgage	or secured			
Debtor 1 and D	ebtor 2 only		☐ Statutory lien	(such as tax lien	, mechanic's lie	en)			
□ At least one of the state of the	the debtors and ar	nother	Judgment lier	n from a lawsuit		,			
☐ Check if this	claim relates to	a	→ Other (including)	ng a right to offse	et)				
community de	ebt								
Date debt was inc			Last 4 digits of	account numbe	er				
Add the dollar	value of your e	entries in C	olumn A on this	page. Write t	hat number	here: \$			

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Guizio

Rosanne

Debtor 1

Case number (if know) First Name **Additional Page** Column A Column B Column C Part 1: After listing any entries on this page, number them beginning with 2.3, followed **Amount of claim** Value of collateral Unsecured by 2.4, and so forth. Do not deduct the that supports this portion value of collateral. claim If any BANK OF AMERICA Describe the property that secures the claim: II FAIRVIEN AVENUE PO BUX 31785 LASHORTIN, NJ 07858 As of the date you file, the claim is: Check all that apply. 33631 Contingent ZIP Code Unliquidated Disputed Who owes the debt? Check one. Nature of lien. Check all that apply. Debtor 1 only An agreement you made (such as mortgage or secured Debtor 2 only car loan) ☐ Debtor 1 and Debtor 2 only Statutory lien (such as tax lien, mechanic's lien) At least one of the debtors and another Judgment lien from a lawsuit Other (including a right to offset) ☐ Check if this claim relates to a community debt Date debt was incurred Last 4 digits of account number Describe the property that secures the claim: Creditor's Name Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated ZIP Code State Disputed Who owes the debt? Check one. Nature of lien. Check all that apply. Debtor 1 only An agreement you made (such as mortgage or secured Debtor 2 only car loan) Debtor 1 and Debtor 2 only ☐ Statutory lien (such as tax lien, mechanic's lien) At least one of the debtors and another Judgment lien from a lawsuit Check if this claim relates to a Other (including a right to offset) community debt Date debt was incurred Last 4 digits of account number Describe the property that secures the claim: Creditor's Name Number As of the date you file, the claim is: Check all that apply. Contingent City State ZIP Code Unliquidated Disputed Who owes the debt? Check one. Nature of lien. Check all that apply. Debtor 1 only An agreement you made (such as mortgage or secured Debtor 2 only car loan) Debtor 1 and Debtor 2 only Statutory lien (such as tax lien, mechanic's lien) At least one of the debtors and another Judgment lien from a lawsuit ☐ Check if this claim relates to a community debt Date debt was incurred Last 4 digits of account number Add the dollar value of your entries in Column A on this page. Write that number here: If this is the last page of your form, add the dollar value totals from all pages. Write that number here:

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Debtor 1	Rosanne First Name Middle Name	Last Name	Guizio	Case number (if known)
Part 2:	List Others to Be		ot That You Airea	dy Listed
you have	page only if you have othe trying to collect from you	ers to be notified about the form a debt you owe for any of the debts the	ut your bankruptcy fo to someone else, list at you listed in Part 1	or a debt that you already listed in Part 1. For example, if a collection the creditor in Part 1, and then list the collection agency here. Similarly, if I, list the additional creditors here. If you do not have additional persons to
				On which line in Part 1 did you enter the creditor?
Name				Last 4 digits of account number
Numbe	er Street			
				_ _
City	THE STATE OF THE S	State	ZIP Code	
<u> </u>				On which line in Part 1 did you enter the creditor?
Name				Last 4 digits of account number
Number	r Street			
				_
City	PORTON SASA MANAGEMENT OF TOTAL SASA AND A THOROUGH SASA	State	ZIP Code	
				On which line in Part 1 did you enter the creditor?
Name				Last 4 digits of account number
Number	Street			_
				_
City		State	ZIP Code	
Affilia gravita A proposicione con	and the state that the state of	general and the second	rmente intervisionativa intervisio i della sorreriza maja dell'occiosazionale espesiale	On which line in Part 1 did you enter the creditor?
Name				Last 4 digits of account number
Number	Street			_
				_
City	en i in annum de stadidididioni. Video en 1. 1. minum de de succionado de la compansión de la compansión de la	State	ZIP Code	
Name				On which line in Part 1 did you enter the creditor?
name				Last 4 digits of account number
Number	Street			_
				_
City		State	ZIP Code	
<u> </u>				On which line in Part 1 did you enter the creditor?
Name				Last 4 digits of account number
Number	Street			-

City

ZIP Code

State

Case 17-21831-SLM Doc 14 Filed 07/17/17 Entered 07/18/17 11:17:26 Desc Main Page 16 of 37 Document Fill in this information to identify your case: Roseanne Guizio Debtor 1 U S. BANKRUPTCY COURT First Name Last Name Debtor 2 (Spouse, if filing) First Name Middle Name Last Name United States Bankruptcy Court for the: District of New Jersey 2017 JUL / Dendek if this is an • 17-21831-SLM Case number (If known) amended filing Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known). **List All of Your PRIORITY Unsecured Claims** 1. Do any creditors have priority unsecured claims against you? No. Go to Part 2. Yes. 2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.) Total claim **Priority** Nonpriority amount Last 4 digits of account number Priority Creditor's Name When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply Contingent City ZIP Code Unliquidated Who incurred the debt? Check one Disputed Debtor 1 only Debtor 2 only Type of PRIORITY unsecured claim: Debtor 1 and Debtor 2 only Domestic support obligations At least one of the debtors and another Taxes and certain other debts you owe the government Check if this claim is for a community debt Claims for death or personal injury while you were Is the claim subject to offset? intoxicated ☐ No Other. Specify ☐ Yes 2.2 Last 4 digits of account number Priority Creditor's Name When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent City State ZIP Code Unliquidated Who incurred the debt? Check one. ☐ Disputed Debtor 1 only Type of PRIORITY unsecured claim: Debtor 2 only Domestic support obligations Debtor 1 and Debtor 2 only Taxes and certain other debts you owe the government At least one of the debtors and another Claims for death or personal injury while you were ☐ Check if this claim is for a community debt intoxicated Is the claim subject to offset? Other. Specify ☐ No

☐ Yes

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Debtor 1

Your PRIORITY Unsecured Claims — Continuation Page Part 1:

	em beginning with 2.3, followed by 2.4, and so forth.	Total claim	Priority amount	Nonprio amount
Priority Creditor's Name	Last 4 digits of account number	\$	\$	_ \$
Number Street	When was the debt incurred?			
	As of the date you file, the claim is: Check all that apply			
City State ZIP Code	Contingent Unliquidated			
Who incurred the debt? Check one.	☐ Disputed			
Debtor 1 only	Type of PRIORITY unsecured claim:			
Debtor 2 only	☐ Domestic support obligations			
Debtor 1 and Debtor 2 onlyAt least one of the debtors and another	Taxes and certain other debts you owe the government			
☐ Check if this claim is for a community debt	Claims for death or personal injury while you were intoxicated Other. Specify			
ls the claim subject to offset?	- Guier. Specify			
□ No □ Yes				
Priority Creditor's Name	Last 4 digits of account number	\$	\$	•
Priority Creditor's Name			Φ	a
Number Street	When was the debt incurred?			
	As of the date you file, the claim is: Check all that apply.			
City State 7ID Code	Contingent			
State ZIP Code	Unliquidated			
Who incurred the debt? Check one.	☐ Disputed			
Debtor 1 only	Type of PRIORITY unsecured claim:			
Debtor 2 only	☐ Domestic support obligations			
Debtor 1 and Debtor 2 only At least one of the debtors and another	Taxes and certain other debts you owe the government			
	Claims for death or personal injury while you were			
Check if this claim is for a community debt	intoxicated Other. Specify			
s the claim subject to offset?	Curier. Specify			
□ No				
Yes				
iority Creditor's Name	Last 4 digits of account number	\$\$		\$
umber Street	When was the debt incurred?			
	As of the date you file, the claim is: Check all that apply.			
	Contingent			
y State ZIP Code	☐ Unliquidated			
ho incurred the debt? Check one.	☐ Disputed			
Debtor 1 only	Type of PRIORITY unsecured claim:			
Debtor 2 only	☐ Domestic support obligations			
Debtor 1 and Debtor 2 only At least one of the debtors and another	Taxes and certain other debts you owe the government			
Check if this claim is for a community debt	Claims for death or personal injury while you were intoxicated			
•	Other. Specify			
the claim subject to offset? No				

	Case 17-21831-SLM	Doc 1	L4 Filed 07 Docu n er	7/17/17 Entered 07/18/17 11:17:26 Des	c Main
	First Name Middle Name		st Name	Case number (if known) 17-21831-SLN	1
	Part 2: List All of Your NONP				
	3. Do any creditors have nonpriorit	ty unsecur	red claims again	st you?	
	Yes	in this part	t. Submit this form	st you? I to the court with your other schedules.	
,	 List all of your nonpriority unsec nonpriority unsecured claim, list the included in Part 1. If more than one claims fill out the Continuation Page 	ured claim creditor se creditor ho e of Part 2.	ns in the alphabe eparately for each olds a particular c	etical order of the creditor who holds each claim. If a creditor or claim. For each claim listed, identify what type of claim it is. Do laim, list the other creditors in Part 3.If you have more than three	has more than one not list claims already nonpriority unsecured
4.1	American Express				Total claim
	Nonpriority Creditor's Name			Last 4 digits of account number 1 0 0 4	
	PO Box 30384			When was the debt incurred?	\$3,843.50
	Salt Lake City	UT	04400		
	City	State	ZIP Code	As of the date you file the state of	
				As of the date you file, the claim is: Check all that apply. Contingent	
	Who incurred the debt? Check one.			☐ Contingent☐ Unliquidated	
	☑ Debtor 1 only ☐ Debtor 2 only			Disputed	
	Debtor 1 and Debtor 2 only			T. (1101)	
	At least one of the debtors and anoth	her		Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a comm	nunity deh	•	Student loans	4
	Is the claim subject to offset?		•	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No No			Debts to pension or profit-sharing plans, and other similar debter of the control	ts
	Yes			Other. Specify Credit Card	_
4.2	American Express				:
	Nonpriority Creditor's Name			Last 4 digits of account number 0 0 8 When was the debt incurred?	\$1,172.00
	PO Box 30384 Number Street				
	Salt Lake City	UT	94420	An of the state of	
	City	State	84130 ZIP Code	As of the date you file, the claim is: Check all that apply.	(
	Who incurred the debt? Check one.				
	Debtor 1 only			☐ Disputed	
	Debtor 2 only				
	Debtor 1 and Debtor 2 only At least one of the debtors and anothe			Type of NONPRIORITY unsecured claim:	
				Student loans	
	Check if this claim is for a commuls the claim subject to offset?	ınity debt		Obligations arising out of a separation agreement or divorce that you did not report as priority claims	1
	No			Debts to pension or profit-sharing plans, and other similar it is	
	Yes			Other Specify Credit Card	
1.3	Capital One Sparkvisa	andromeniques tourer, mesque			
	Nonpriority Creditor's Name			Last 4 digits of account number 7 6 0 2	F 700 00
	PO Box 30285 Number Street			When was the debt incurred?	\$5,700.00
	Salt Lake City	UT	84130	-	
i	City	State	ZIP Code	 As of the date you file, the claim is: Check all that apply. 	
1	Who incurred the debt? Check one.			Contingent	
i	Debtor 1 only			Unliquidated	
	Debtor 2 only Debtor 1 and Debtor 2 only			☐ Disputed	
Į	At least one of the debtors and another			Type of NONPRIORITY unsecured claim:	
	Check if this claim is for a communi			☐ Student loans	:
	s the claim subject to offset?	ity debt		Obligations arising out of a separation accessory	
	☐ No				
	Yes			Debts to pension or profit-sharing plans, and other similar debts Other. Specify Credit Card	
	the commence of the control of the c	· ····································			

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Part 2:

Your NONPRIORITY Unsecured Claims — Continuation Page

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Capital One Masterca Nonpriority Creditor's Name	rd		Last 4 digits of account number 5 5 6 5	s 4,700
PO Box 30285			When was the debt incurred?	<u> </u>
Number Street Salt Lake City City	UT	84130	As of the date you file, the claim is: Check all that apply.	
Who incurred the debt? Che ☐ Debtor 1 only ☐ Debtor 2 only	State eck one.	ZIP Code	Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only At least one of the debtors a Check if this claim is for	a community debt	t	Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
Is the claim subject to offse No Yes	1?		Other. Specify Credit Card	
Citi Bank Nonpriority Creditor's Name	THE OWNER AND ADDRESS OF THE STREET ASSOCIATION FROM		Last 4 digits of account number 6 7 0 5	\$ <u>67</u> .
PO Box 6500 Number Street			When was the debt incurred?	
Sioux Falls	SD State	57117 ZIP Code	As of the date you file, the claim is: Check all that apply.	
Who incurred the debt? Chec ✓ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors ar			Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans	
☐ Check if this claim is for a Is the claim subject to offset? ☐ No ☐ Yes	-		 □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts □ Other. Specify Credit Card 	
Kohl's Nonpriority Creditor's Name			Last 4 digits of account number 8 4 5 0	_{\$976.2}
PO Box 2983 Number Street			When was the debt incurred?	
Milwaukee City	WI State	90030 ZIP Code	As of the date you file, the claim is: Check all that apply.	
Who incurred the debt? Check Debtor 1 only		2546	☐ Contingent ☐ Unliquidated ☐ Disputed	
☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and	another		Type of NONPRIORITY unsecured claim: Student loans Obligations grising out of a constant.	
Check if this claim is for a	community debt		Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
s the claim subject to offset? No Yes			☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Credit Card	

Dart	•
. ai i	1

Your NONPRIORITY Unsecured Claims — Continuation Page

4.7			rith 4.4, followed by 4.5, and so forth.	Total cla
Macy's Nonpriority Creditor's Name			Last 4 digits of account number 5 9 9 0	s 864
PO Box 78008			When was the debt incurred?	\$004
Number Street Pheonix	AZ	85062	As of the date you file, the claim is: Check all that apply.	
City	State	ZIP Code	Contingent	
Who incurred the debt? (☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 on ☐ At least one of the debtor	nly s and another		☐ Unliquidated ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ Student loans ☐ Obligations arising out of a separation agreement as dispusable.	
☐ Check if this claim is f Is the claim subject to offs ☐ No ☐ Yes			you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Credit Card	
Chase Bank Nonpriority Creditor's Name PO Box 15298			Last 4 digits of account number	\$
Number Street			When was the debt incurred?	
Wilmington City	DE State 2	19850	As of the date you file, the claim is: Check all that apply.	
Who incurred the debt? Che ☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and the debtors are the claim is formula in the claim subject to offset ☐ No ☐ Yes	and another a community debt		Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts other. Specify Credit Card	
Noneigi (a. O. III)			Last 4 digits of account number	\$
Nonpriority Creditor's Name			When was the debt incurred?	
Number Street				
City	Chata		As of the date you file, the claim is: Check all that apply.	
		Code	☐ Contingent ☐ Unliquidated	
Who incurred the debt? Chec	k one.		☐ Unliquidated☐ Disputed☐ Disputed☐ Unliquidated☐ Disputed☐ Disputed☐ Unliquidated☐ Disputed☐ DisputeDisputeD☐ DisputeD☐ Disp	
Debtor 1 only Debtor 2 only				
Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:	
At least one of the debtors an	d another		☐ Student loans	
☐ Check if this claim is for a			Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
Is the claim subject to offset?			Debts to pension or profit-sharing plans, and other similar debts.	
☐ No ☐ Yes			Other. Specify	:

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Part 3: List Others to Be Notified About a Debt That You Already Liste

4, then list the collection agency have ein-		ut your bankruptcy, for a debt that you already listed in Parts 1 or 2. For you for a debt you owe to someone else, list the original creditor in Parts 1 or ave more than one creditor for any of the debts that you listed in Parts 1 or 2, list the sons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.
Name		On which entry in Part 1 or Part 2 did you list the original creditor?
N. and an analysis of the state		Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number Street		Part 2: Creditors with Nonpriority Unsecured Claims
		Last 4 digits of account number
City State	ZIP Code	
Name		On which entry in Part 1 or Part 2 did you list the original creditor?
Number Street		Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
		Claims Part 2: Creditors with Nonpriority Unsecured
City		Last 4 digits of account must -
State	ZIP Code	Last 4 digits of account number
Name		On which entry in Part 1 or Part 2 did you list the original creditor?
Number Street		Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
		Claims Part 2: Creditors with Nonpriority Unsecured
City		Last 4 digits of account number
City State	ZIP Code	The state of the s
Name		On which entry in Part 1 or Part 2 did you list the original creditor?
Number Street		Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
		Claims Part 2: Creditors with Nonpriority Unsecured
City State	ZIP Code	Last 4 digits of account number
Name		On which entry in Part 1 or Part 2 did you list the original creditor?
lumber Street		Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
		Claims Part 2: Creditors with Nonpriority Unsecured
State State	710.0	Last 4 digits of account number
	ZIP Code	
ame		On which entry in Part 1 or Part 2 did you list the original creditor?
umber Street		Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
		Claims Part 2: Creditors with Nonpriority Unsecured
ty State	ZIP Code	Last 4 digits of account number
me		On which entry in Part 1 or Part 2 did you list the original creditor?
mber Street		
Sueet		Line of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured
		Claims — Fare 2. Greditors with Nonpriority Unsecured
State	ZIP Code	Last 4 digits of account number

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Debtor 1

Roseanne

Part 4:

Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

				Total claim
Total claims	მa. Domestic support obl	igations	6a.	\$
from Part 1	6b. Taxes and certain oth government	Taxes and certain other debts you owe the government		\$
	Sc. Claims for death or pe intoxicated	ersonal injury while you were	6c.	\$
	6d. Other. Add all other pric Write that amount here.		6d.	+8 /7, 323.17
	Se. Total. Add lines 6a thro	ugh 6d.	6e.	\$
				Total claim
Total claims	of. Student loans		6f.	\$
from Part 2	g. Obligations arising ou or divorce that you did claims	it of a separation agreement d not report as priority	6g.	\$
	Sh. Debts to pension or pr similar debts	rofit-sharing plans, and other	6h.	\$
	ii. Other. Add all other nor Write that amount here.		6i.	+ \$
	ij. Total. Add lines 6f throu	gh 6i.	6j.	\$

				cument	Page	25 ()i				
Fill in this i	nformation t	o identify you	r case:				•				
Debtor	Roseanne	-		Guizio							
Debtor 2	First Name		Middle Name	Last Nam	10						
(Spouse If filing)			fiddle Name	Last Nam	e						
	Bankruptcy Co 17-21831		ct of New Jerse	у			1				
Case number (If known)	17-21031	-SLM									
]			Į	Check if this is amended filing
Official F	orm 10	66									
			-								
	ile G.	Execut	ory Con e. If two marrie py the addition	tracts	and l	Une	expir	ed L	eases	•	12/15
2. List separa example, r unexpired le	ately each pe ent, vehicle eases.	erson or comp lease, cell pho	m with the counter with the counter with the counter with whomone). See the income, where the contract	n you have th structions for t	acca are iisi	or lea	scneauses. Then struction b	state whate	perty (Offici	al Form 106 ntract or lead uples of exe	6A/B). ase is for (for cutory contracts an
Number	Street										
City		State	ZIP Code								
	and the comment of the second second second	Town or the Array Co.	TIP CODE	- November of Wage a .	er er er er er egen og	· · · · · · · · · · · · · · · · · · ·	Franklijan (konstrij en g	Renn 、 知识更小 / A th	in Printer Stragger Consideration of Stragger Consideration (Stragger Consideration Co	P 4" "AND AND "ALL STREET, A COLUMN	
Name										and the second s	enter productive a material service de service de service de la constitución de la consti
Number	Street										
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City	erene e e e e e e e e e e e e e e e e e	State	ZIP Code	the first of Marie Control of Graph Con-		· lide egypty mag,	and the state of t	aller også i som om som også			
Name									a complete air a complete min 1889 bit of	·明·安·代典、《10·1887》/ 1889年 李治明中《北京教》	renge versje var ennige och gegen general versi digt velar renerale gennige v vyv
Number S	Street										
	otreet										
City	The second secon	State Z	IP Code	was a second of the second							
Name						TO AND ADDRESS OF AN	Company of the Armed Co.	F - 1 70% Physics of the France	COR digram recovery or 1981 of the	Solo on substituting or solo or sugar y	and the second section of the second section of the second second section of the section of the second section of the section of the second section of the section of
rvairie											
Number St	reet										
City		State ZI	D.Cd								
The same state of the same sta	ter the second section of the second	otate ZI	P Code	Controlled to the second of th	- a - o - and Mark (Charles)	nor nomine year.	-45-2-enders to the special stage	- Antonio del Composito de la Santo Comp	promotive decoration according the 10.20 pc		
Name										TO THE PARTY BOOK	CHATTER TO THE CONTRACT CONTRACT CONTRACTOR STATE CONTRAC
Number Str											
Str	eet										
City		State ZIF	Code								

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Debto		your case:	
	Doceanne	Guizio	
Debit	First Name	Middle Name Last Name	
Debto (Spou	or 2 USE, if filing) First Name	Middle Name Last Name	
Unite	ed States Bankruptcy Court for the:	District of	
(If kno	own)		☐ Check if this is a
			amended filing
Offi	cial Form 106H		
	hedule H: Your	Codebtors	12/15
Codeb are fili and nu	otors are people or entities whing together, both are equally umber the entries in the boxes	no are also liable for any debts you may have. Be responsible for supplying correct information. If s on the left. Attach the Additional Page to this pa	as complete and accurate as possible. If two married peop more space is needed, copy the Additional Page, fill it out, age. On the top of any Additional Pages, write your name a
case n	number (if known). Answer ev	ery question.	
1. De	o you have any codebtors? (If	f you are filing a joint case, do not list either spouse a	is a codebtor.)
•	1 No		
	Yes		
2. W	Vithin the last 8 years, have yo	ou lived in a community property state or territory	? (Community property states and territories include
	Mizona, Calliornia, Idano, Louisi Mo. Go to line 3.	ana, Nevada, New Mexico, Puerto Rico, Texas, Was	nington, and Wisconsin.)
		spouse, or legal equivalent live with you at the time?	2
	No	apouted, or regar equivalent live with you at the time:	
		state or territory did you live?	Fill in the name and current address of that person
			. This is the figure and current address of that person.
	Name of vour angular formar		
	Name of your spouse, former spo	ouse, or legal equivalent	
	Number Street		
	City	State ZIP Code	
st Se	Column 1, list all of your cod hown in line 2 again as a code	ebtors. Do not include your spouse as a codebtonebtor only if that person is a guarantor or cosigne O), Schedule E/F (Official Form 106E/F), or Schedu	r. Make sure you have listed the creditor on
st Se Se	Column 1, list all of your cod hown in line 2 again as a code chedule D (Official Form 106D	ebtors. Do not include your spouse as a codebtonebtor only if that person is a guarantor or cosigne O), Schedule E/F (Official Form 106E/F), or Schedu	r. Make sure you have listed the creditor on
st Se Se	Column 1, list all of your cod hown in line 2 again as a code chedule D (Official Form 106D chedule E/F, or Schedule G to	ebtors. Do not include your spouse as a codebtonebtor only if that person is a guarantor or cosigne O), Schedule E/F (Official Form 106E/F), or Schedu	or. Make sure you have listed the creditor on ule G (Official Form 106G). Use <i>Schedule D</i> ,
st Se Se 3.1	Column 1, list all of your cod hown in line 2 again as a code chedule D (Official Form 106D chedule E/F, or Schedule G to Column 1: Your codebtor	ebtors. Do not include your spouse as a codebtonebtor only if that person is a guarantor or cosigne O), Schedule E/F (Official Form 106E/F), or Schedu	or. Make sure you have listed the creditor on tale G (Official Form 106G). Use Schedule D, Column 2: The creditor to whom you owe the debt Check all schedules that apply:
st Se Se	Column 1, list all of your cod hown in line 2 again as a code chedule D (Official Form 106D chedule E/F, or Schedule G to	ebtors. Do not include your spouse as a codebtonebtor only if that person is a guarantor or cosigne O), Schedule E/F (Official Form 106E/F), or Schedu	cr. Make sure you have listed the creditor on tale G (Official Form 106G). Use Schedule D, Column 2: The creditor to whom you owe the debt Check all schedules that apply: Schedule D, line
st Se Se	Column 1, list all of your cod hown in line 2 again as a code chedule D (Official Form 106D chedule E/F, or Schedule G to Column 1: Your codebtor	ebtors. Do not include your spouse as a codebtonebtor only if that person is a guarantor or cosigne O), Schedule E/F (Official Form 106E/F), or Schedu	Column 2: The creditor to whom you owe the debt Check all schedule D, line Check all schedule D, line Schedule D, line Schedule E/F, line
st Se Se 3.1	Column 1, list all of your cod hown in line 2 again as a code chedule D (Official Form 106D chedule E/F, or Schedule G to Column 1: Your codebtor Name	ebtors. Do not include your spouse as a codebtor ebtor only if that person is a guarantor or cosigne o), <i>Schedule E/F</i> (Official Form 106E/F), or <i>Schedu</i> o fill out Column 2.	cr. Make sure you have listed the creditor on tale G (Official Form 106G). Use Schedule D, Column 2: The creditor to whom you owe the debt Check all schedules that apply: Schedule D, line
st Se Se 3.1	Column 1, list all of your cod hown in line 2 again as a code chedule D (Official Form 106D chedule E/F, or Schedule G to Column 1: Your codebtor	ebtors. Do not include your spouse as a codebtonebtor only if that person is a guarantor or cosigne O), Schedule E/F (Official Form 106E/F), or Schedu	Column 2: The creditor to whom you owe the debt Check all schedule D, line Check all schedule D, line Schedule D, line Schedule E/F, line
3.1	Column 1, list all of your cod hown in line 2 again as a code chedule D (Official Form 106D chedule E/F, or Schedule G to Column 1: Your codebtor Name	ebtors. Do not include your spouse as a codebtor ebtor only if that person is a guarantor or cosigne o), <i>Schedule E/F</i> (Official Form 106E/F), or <i>Schedu</i> o fill out Column 2.	Column 2: The creditor to whom you owe the debt Check all schedule D, line Check all schedule D, line Schedule D, line Schedule E/F, line
3.1	Column 1, list all of your cod hown in line 2 again as a code chedule D (Official Form 106D chedule E/F, or Schedule G to Column 1: Your codebtor Name Number Street City	ebtors. Do not include your spouse as a codebtor ebtor only if that person is a guarantor or cosigne o), <i>Schedule E/F</i> (Official Form 106E/F), or <i>Schedu</i> o fill out Column 2.	cr. Make sure you have listed the creditor on the G (Official Form 106G). Use Schedule D, Column 2: The creditor to whom you owe the debt Check all schedules that apply: Schedule D, line Schedule E/F, line Schedule G, line
3.1	Column 1, list all of your cod hown in line 2 again as a code chedule D (Official Form 106D chedule E/F, or Schedule G to Column 1: Your codebtor Name Number Street City	ebtors. Do not include your spouse as a codebtor ebtor only if that person is a guarantor or cosigne o), <i>Schedule E/F</i> (Official Form 106E/F), or <i>Schedu</i> o fill out Column 2.	Column 2: The creditor to whom you owe the debt Check all schedules that apply: Schedule D, line Schedule E/F, line Schedule G, line Schedule D, line Schedule D, line
3.1	Column 1, list all of your cod hown in line 2 again as a code chedule D (Official Form 106D chedule E/F, or Schedule G to Column 1: Your codebtor Name Number Street City	ebtors. Do not include your spouse as a codebtor ebtor only if that person is a guarantor or cosigne o), <i>Schedule E/F</i> (Official Form 106E/F), or <i>Schedu</i> o fill out Column 2.	Column 2: The creditor to whom you owe the debt Check all schedules that apply: Schedule D, line Schedule G, line Schedule G, line Schedule D, line Schedule B, line Schedule B, line Schedule B, line Schedule B, line
3.1	Column 1, list all of your cod hown in line 2 again as a code chedule D (Official Form 106D chedule E/F, or Schedule G to Column 1: Your codebtor Name Number Street Number Street	ebtors. Do not include your spouse as a codebtor ebtor only if that person is a guarantor or cosigne b), Schedule E/F (Official Form 106E/F), or Schedule of fill out Column 2.	cr. Make sure you have listed the creditor on tale G (Official Form 106G). Use Schedule D, Column 2: The creditor to whom you owe the debt Check all schedules that apply: Schedule D, line Schedule E/F, line Schedule G, line Schedule D, line Schedule D, line Schedule D, line Schedule G, line Schedule G, line
3.1 3.2	Column 1, list all of your cod hown in line 2 again as a code chedule D (Official Form 106D chedule E/F, or Schedule G to Column 1: Your codebtor Name Number Street Number Street	ebtors. Do not include your spouse as a codebtor ebtor only if that person is a guarantor or cosigne b), Schedule E/F (Official Form 106E/F), or Schedule of fill out Column 2.	cr. Make sure you have listed the creditor on the G (Official Form 106G). Use Schedule D, Column 2: The creditor to whom you owe the debt Check all schedules that apply: Schedule D, line Schedule E/F, line Schedule G, line Schedule E/F, line Schedule G, line Schedule G, line Schedule G, line
3.1 3.2	Column 1, list all of your code hown in line 2 again as a code schedule D (Official Form 106D schedule E/F, or Schedule G to Column 1: Your codebtor Name Number Street City Name Number Street	ebtors. Do not include your spouse as a codebtor ebtor only if that person is a guarantor or cosigne b), Schedule E/F (Official Form 106E/F), or Schedule of fill out Column 2.	Column 2: The creditor to whom you owe the debt Check all schedules that apply: Schedule D, line Schedule G, line Schedule G, line Schedule D, line Schedule B, line Schedule G, line Schedule B, line Schedule G, line Schedule G, line Schedule G, line

Fill in this information to identi	fy your case:					
Debtor 1 Roseanne First Name	Middle Name	Guizio				
Debtor 2		Last Name		_		
(Spouse, if filing) First Name	Middle Name	Last Name				
United States Bankruptcy Court for the	•		\			
Case number (If known) 17-21934 Z1	831	_			Check	if this is:
					☐ An a	amended filing
official Form 106I					A su inco	upplement showing postpetition chapte ome as of the following date:
	_				MM	/ DD / YYYY
Schedule I: Yo						12/1 btor 2), both are equally responsible for
parate sheet to this form. On the	e top of any additional p	ages, write your	name	and cas	e number (i	otor 2), both are equally responsible for n you, include information about your sp pouse. If more space is needed, attach a f known). Answer every question.
Fill in your employment information.		Debtor 1				Debtor 2 or non-filing spouse
If you have more than one job, attach a separate page with information about additional employers.	Employment status	☐ Employe				☐ Employed
Include part-time, seasonal, or self-employed work.		■ Not empi	oyea			☐ Not employed
Occupation may include student or homemaker, if it applies.	Occupation					Store Owner
	Employer's name					World of Birds
	Employer's address					30 Main Street
		Number Stree	et			Number Street
						Charter
		City	St	ate ZIP	Code	Chester NJ 07930
	How long employed the	re?	_			, outc zii code
rt 2: Give Details About	Monthly Income					
stimate monthly income as of t pouse unless you are separated.	he date you file this form	ı. If you have notl	ning to	report fo	any line, w	rite \$0 in the space. Include your non-filing
fyou or your non-filing spouse have elow. If you need more space, att	e more than one employed	r oomshin = 41 - 1 4	ormat	ion for all	employers fo	or that person on the lines
				For	Debtor 1	For Debtor 2 or non-filing spouse
L ist monthly gross wages, salar deductions). If not paid monthly, c	ry, and commissions (befalculate what the monthly w	ore all payroll wage would be.	2.	•	0.00	
Estimate and list monthly overti	me pay.		3.	+\$	0.00	\$ <u>4,632.41</u> + \$
Calculate gross income. Add line	2 + line 3.		4	<u> </u>	0.00	\$ 4.632.41

Official Form 106I Schedule I: Your Income

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Debtor 1	Roseanne Guizio First Name Middle Name Last Name		Ca	ise number (if kn	_{own)} 17-	-21	931		
			For	Debtor 1			ebtor 2 or ling spouse		
Cop	by line 4 here	→ 4.	\$_	0.00		\$	4,632.41		
5. List	all payroll deductions:								
5a.	Tax, Medicare, and Social Security deductions	5a.	\$;	\$			
5b.	Mandatory contributions for retirement plans	5b.	\$,	*— \$			
5c.	Voluntary contributions for retirement plans	5c.	\$,	\$ \$			
5d.	Required repayments of retirement fund loans	5d.	\$		(\$ \$			
5e.	Insurance	5e.	\$		9	\$ \$			
5f.	Domestic support obligations	5f.	\$		9	·— \$			
5g.	Union dues	5g.	\$		9	5 5			
•	Other deductions. Specify:	5h.	+\$		+ 9	-			
	d the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h.		\$		`	₽ \$			
7. Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$		\$.	4,632.41		
8. List	all other income regularly received:								
8a.	Net income from rental property and from operating a business, profession, or farm								
	Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	0.00	\$	S	0.00		
8b.	Interest and dividends	8b.	\$	0.00	\$:	0.00		
8c.	Family support payments that you, a non-filing spouse, or a depende regularly receive		Ψ		•				
	Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	0.00	\$	<u></u>	0.00		
8d.	Unemployment compensation	8d.	\$	0.00	\$	<u> </u>	0.00		
8e.	Social Security	8e.	\$	847.00	\$	S	1,917.00		
	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistant that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.	ce							
	Specify:	8f.	\$	0.00	\$		0.00		
8g.	Pension or retirement income	8 g.	\$	0.00	\$		0.00		
8h.	Other monthly income. Specify:	8h.	+\$	0.00	+\$		0.00		
9. Ad o	l all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.	9.	\$	847.00	\$		1,917.00		
	ulate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$	847.00	- \$		6,550.41	= \$	7,397.41
Inclu	e all other regular contributions to the expenses that you list in Sched de contributions from an unmarried partner, members of your household, you or relatives.			nts, your room	nmates,	, an	d other	<u> </u>	
Do n Spec	ot include any amounts already included in lines 2-10 or amounts that are r	ot av	ailable	to pay expens	ses liste	ed ir	n Schedule J. 11. '	+ ¢	
2. Add	the amount in the last column of line 10 to the amount in line 11. The r	esult	is the c	ombined mon	— ithly inc	·Om·		· Ψ	
Write	that amount on the Summary of Your Assets and Liabilities and Certain St	atistic	cal Infor	mation, if it ap	oplies	,OIII	e. 12.	\$_ <u>7</u> Com	, 39). 41 bined
		orm?						mont	thly income
	Yes. Explain:								

Fill in this information to identi				
Debtor 1 Roseanne				
First Name	Guizio Middle Name Last Name	Check if	this is:	
Debtor 2 (Spouse, if filing) First Name	Middle Name Last Name	——— ☐ An ar	mended filing	
United States Bankruptcy Court for th	e: District of New Jersey	☐ A sup	plement showing pos	stpetition chapter 13
Case number 17-21831	·	exper	nses as of the following	ng date:
(If known)		MM /	DD / YYYY	
Official Form 106J				
Schedule J: Yo	our Expenses			12/15
Be as complete and accurate as information. If more space is nee (if known). Answer every questio	possible. If two married people are fil ded, attach another sheet to this form n.	ing together, both are equally n. On the top of any additional	responsible for suppl pages, write your nar	
Part 1: Describe Your Ho	pusehold			
. Is this a joint case?				
☑ No. Go to line 2.				
Yes. Does Debtor 2 live in a	separate household?			
☐ No				
Yes. Debtor 2 must f	ile Official Form 106J-2, Expenses for S	Separate Household of Debtor 2.		
Do you have dependents?	☐ No			
Do not list Debtor 1 and Debtor 2.	Yes. Fill out this information for each dependent	Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you?
Do not state the dependents' names.	,	Daughter	48	☐ No ☑ Yes
		Grandson	<u>18</u>	☐ No ☑ Yes
				_
				□ No
				Yes
				☐ Yes ☐ No
Do your expenses include	□ No			☐ Yes☐ No☐ Yes☐
Do your expenses include expenses of people other than yourself and your dependents?	□ No □ Yes			☐ Yes☐ No☐ Yes☐ No☐ No
expenses of people other than yourself and your dependents?	Yes			☐ Yes☐ No☐ Yes☐ No☐ No
yourself and your dependents? Estimate Your Ongoin	☐ Yes ng Monthly Expenses			☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes
expenses of people other than yourself and your dependents? It 2: Estimate Your Ongoing timate your expenses as of your	mg Monthly Expenses	nucing this fam.		☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes
expenses of people other than yourself and your dependents? Tt 2: Estimate Your Ongointimate your expenses as of your penses as of a date after the bank	☐ Yes ng Monthly Expenses	nucing this fam.		☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes
expenses of people other than yourself and your dependents? rt 2: Estimate Your Ongointimate your expenses as of your penses as of a date after the band plicable date. clude expenses paid for with non-	mg Monthly Expenses bankruptcy filing date unless you are kruptcy is filed. If this is a supplement assistance if your	e using this form as a supplental Schedule J, check the box		☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes
expenses of people other than yourself and your dependents? Tt 2: Estimate Your Ongoin timate your expenses as of your penses as of a date after the band plicable date. Elude expenses paid for with nonch assistance and have included	mg Monthly Expenses bankruptcy filing date unless you are kruptcy is filed. If this is a supplement cash government assistance if you let on Schedule I: Your Income (Offici	e using this form as a supplen ntal Schedule J, check the box know the value of al Form 106l.)		☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ Horizontal Action of the content of the
expenses of people other than yourself and your dependents? Tt 2: Estimate Your Ongoin timate your expenses as of your penses as of a date after the band plicable date. Elude expenses paid for with nonch assistance and have included	mg Monthly Expenses bankruptcy filing date unless you are kruptcy is filed. If this is a supplement assistance if your	e using this form as a supplen ntal Schedule J, check the box know the value of al Form 106l.)	nent in a Chapter 13 ca c at the top of the form Your expen	Yes No Yes No Yes No Yes
expenses of people other than yourself and your dependents? Tt 2: Estimate Your Ongoin timate your expenses as of your penses as of a date after the band plicable date. Elude expenses paid for with non-ch assistance and have included. The rental or home ownership expenses of people of the penses of	mg Monthly Expenses bankruptcy filing date unless you are kruptcy is filed. If this is a supplement cash government assistance if you lit on Schedule I: Your Income (Offici	e using this form as a supplen ntal Schedule J, check the box know the value of al Form 106l.)	nent in a Chapter 13 ca at the top of the form	Yes No Yes No Yes No Yes
expenses of people other than yourself and your dependents? It 2: Estimate Your Ongoin timate your expenses as of your penses as of a date after the band plicable date. Clude expenses paid for with non-ch assistance and have included. The rental or home ownership example any rent for the ground or lot.	mg Monthly Expenses bankruptcy filing date unless you are kruptcy is filed. If this is a supplement cash government assistance if you lit on Schedule I: Your Income (Offici	e using this form as a supplen ntal Schedule J, check the box know the value of al Form 106l.)	rent in a Chapter 13 can at the top of the form Your expen	No Yes No Yes No Yes No Yes Asse to report and fill in the
expenses of people other than yourself and your dependents? It 2: Estimate Your Ongoin timate your expenses as of your penses as of a date after the band plicable date. Elude expenses paid for with non-ch assistance and have included. The rental or home ownership en any rent for the ground or lot. If not included in line 4:	mg Monthly Expenses bankruptcy filing date unless you are kruptcy is filed. If this is a supplement-cash government assistance if you it on Schedule I: Your Income (Offici xpenses for your residence. Include file	e using this form as a supplen ntal Schedule J, check the box know the value of al Form 106l.)	Your expen	No Yes No Yes No Yes No Yes Asse to report and fill in the 2,200.00 666.67
expenses of people other than yourself and your dependents? Estimate Your Ongoin stimate your expenses as of your expenses as of a date after the band policable date. Clude expenses paid for with non-chassistance and have included The rental or home ownership exany rent for the ground or lot. If not included in line 4: 4a. Real estate taxes	ng Monthly Expenses bankruptcy filing date unless you are kruptcy is filed. If this is a supplement cash government assistance if you let on Schedule I: Your Income (Official xpenses for your residence. Include file inter's insurance	e using this form as a supplen ntal Schedule J, check the box know the value of al Form 106l.)	rent in a Chapter 13 can at the top of the form Your expen	No Yes No Yes No Yes No Yes Asse to report and fill in the

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Debtor 1 Roseanne Guizio Case number (# known) 17-21831

			Your ex	kpenses
5	Additional mortgage payments for your residence, such as home equity loans	5.	\$	
6	Utilities:			
	6a. Electricity, heat, natural gas	6a.	\$	447.00
	6b. Water, sewer, garbage collection	6b.	\$	114.00
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	
	6d. Other. Specify:	6d.	_	
7.	Food and housekeeping supplies	7.	\$	1,600.00
8.	Childcare and children's education costs	8.	\$	0.00
9.	Clothing, laundry, and dry cleaning	9.	\$	160.00
10.	Personal care products and services	10.	\$	100.00
11.	Medical and dental expenses	11.	\$	20.00
12.	Transportation . Include gas, maintenance, bus or train fare. Do not include car payments.	12.	\$	200.00
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$	1,200.00
14.	Charitable contributions and religious donations	14.	\$	100.00
15.	Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.			
	15a. Life insurance	15 a .	\$	57.00
	15b. Health insurance	15b.	\$	400.00
	15c. Vehicle insurance	15c.	\$	
	15d. Other insurance. Specify:	15d.	_	
16.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:	16.	\$	
17.	Installment or lease payments:			
	17a. Car payments for Vehicle 1	17a.	\$	
	17b. Car payments for Vehicle 2	17b.		
	17c. Other. Specify:	17c.		
	17d. Other. Specify:	17d.		
18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I).	18.	\$	
19.	Other payments you make to support others who do not live with you.			
	Specify:	19.	\$	
	Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Incom			
	20a. Mortgages on other property	20a.	\$	
	20b. Real estate taxes	20b.		
	20c. Property, homeowner's, or renter's insurance	20c.		
	20d. Maintenance, repair, and upkeep expenses	20d.		
	20e. Homeowner's association or condominium dues	20e.		

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Debtor		iddle Name	Guizio Last Name	_	Case number (if know	_{m)} _17-	21831
21. Ot	her. Specify:					21.	+\$
22. Ca	culate your monthly	expenses.					
228	a. Add lines 4 through 2	21.				22a.	\$ 7,952.67
22t	o. Copy line 22 (month)	y expenses for	Debtor 2), if any, from Offici	al Form 106J-2	:	22b.	\$
220	c. Add line 22a and 22b	. The result is y	our monthly expenses.		:	22c.	\$ 7,952.67
23. Calc	ulate your monthly n	et income.					
23a.	Copy line 12 (your co	mbined month	y income) from Schedule I.			23a.	s 7, 397. 41
23b.	Copy your monthly e.	xpenses from li	ne 22c above.		:	23b.	-\$ 7,952.67
23c.	Subtract your monthly	y expenses fror	n your monthly income.			٦	
	The result is your mo	nthly net incom	e.		2	23c.	s — 555.26
24. Do y	ou expect an increase	or decrease	n your expenses within th	e year after you fi	ile this form?		
For e	xample, do you expect page payment to increa	to finish payingse or decrease	g for your car loan within the because of a modification t	year or do you exp	pect your		
Y N	D.			- are terms of your	mortgage:		
☐ Ye	es. Explain here:				to the comment of the		and the second s
	the same of the second section is a second second	THE RESERVE OF THE PARTY OF THE PARTY.					

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Fill in this	information to identi	fy your open						
	Roseanne	ry your case.	Guizio					
Debtor 1	First Name	Middle Name	Last Name					
Debtor 2 (Spouse, if filing	ng) First Name	Middle Name	Last Name					
United State	es Bankruptcy Court for th	e: District of New Jersey		\Box				
Case numbe	er 17-21831 (If known)		_					heck if this is an mended filing
Summa Be as comp information	lete and accurate as . Fill out all of your se	possible. If two married possible first; then comp	people are filing	together, both	are equally respo	nsible for su	pplvina d	orrect
	Summarize Your A	out a new <i>Summary</i> and	I check the box	at the top of th	is page.			
							Your asse Value of w	ets hat you own
	A/B: Property (Official	Form 106A/B) te, from Schedule A/B					\$	0.00
та. Оору	ine 55, Total real esta	te, Irom Schedule A/B	•••••••	•••••	••••••••••••		Ψ	
1ь. Сору	line 62, Total personal	property, from Schedule A	VB				\$	3,200.00
1c. Copy	line 63, Total of all pro	perty on Schedule A/B	••••••		••••••		\$	3,200.00
Part 2:	Summarize Your Li	abilities				L		
2 Schedule	D: Creditors M/ba Hav	o Claima Soowed by Draw	out (Official Facul	- 400D)			Your liab Amount y	
		e Claims Secured by Propositions Solumn A, Amount of claim,			f Part 1 of Schedule	D	\$	
		ave Unsecured Claims (Off art 1 (priority unsecured cla			/F		\$	
3b. Copy t	the total claims from Pa	art 2 (nonpriority unsecured	d claims) from lin	e 6j of <i>Schedule</i>	• E/F		+ \$	17,323.17
					Your total I	iabilities	\$	
Part 3: S	ummarize Your Inc	come and Expenses						
	I: Your Income (Officiand Combined monthly income)	Form 106I) come from line 12 of <i>Sched</i>	dule I				\$	7,397.41
	J: Your Expenses (Offi	•						
Copy you	r monthly expenses fro	m line 22c of Schedule J					\$	7,952.67

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Guizio

Roseanne

Debtor 1

Det	otor 1	First Name Middle Na	Guizio	Case number (if known) 17-21831	
		middle Na	ame Last Name		
Pa	rt 4:	Answer These Ou	estions for Administrative and Statistical	_	
		Allawer Tilese Que	estions for Administrative and Statistical	Records	
6.	Are you	ս filing for bankruptcյ	y under Chapters 7, 11, or 13?		
	☐ No.	You have nothing to re	eport on this part of the form. Check this box and sul	bmit this form to the court with your other so	hadulas
	☑ Yes	•		on the source with your other so	nedules.
	**	TO COMPANY STORY STORY OF THE PROPERTY OF THE	and the second second of the second s	en de estador a nesta meste importablem a constante energia entrada de la como en elemento de estador en el estado	er Michael Andrew (1975 - 1975 - 1975) (1976 - 1975) (1976 - 1975) (1976 - 1976) (1976
		nd of debt do you hav			
	☑ You	r debts are primarily	consumer debts. Consumer debts are those "incur	red by an individual primarily for a personal.	
	_	my, or modescribia purpo.	se. 11 0.3.0. § 101(a). Fill out liftes a-9g for statist	ical purposes. 28 U.S.C. § 159.	
	☐ You	r debts are not prima	rily consumer debts. You have nothing to report o	n this part of the form. Check this box and s	ubmit
	นแร	form to the court with y	our other schedules.		
	76000	The second of the season of th	Control of the state of the sta		elle – engagemengger nærendere (skopfet det enkeldigener g erendigenærere syk agertet syk ager
8.	F rom th Form 12	ne <i>Statement of Your</i> (22A-1 Line 11; OR , For	Current Monthly Income: Copy your total current n m 122B Line 11; OR, Form 122C-1 Line 14.	nonthly income from Official	4 622 44
		., .,	122 2 11, ON, 1 3 1220-1 LINE 14.		\$ 4,632.41
	habit a spraw was amount on	Sounds () on defining care in () and control on a bibliographic distributed Beautiful Control		<u></u>	
				and the second s	Committee of the Committee of the Admittee of the State of the Committee o
9. (Copy the	e following special ca	tegories of claims from Part 4, line 6 of Schedul	o E/E	
		Japan Japan	art 4, fille 0 of Schedul	e dr.	
				Total claim	
	From F	Part 4 on <i>Schedule E/</i>	F, copy the following:		
ξ	a. Dome	estic support obligation	s (Copy line 6a.)	\$	
	h Tayo	a and cortain athen det	4		
٠	o. raxe	s and certain other dep	ots you owe the government. (Copy line 6b.)	\$	
g	c. Claim	ns for death or personal	I injury while you were intoxicated. (Copy line 6c.)	\$	
			, , , , , , , , , , , , , , , , , , ,	<u> </u>	
9	d. Stude	ent loans. (Copy line 6f.	.)	\$	
_					
9	e. Obliga priorit	ations arising out of a s ty claims. (Copy line 6q	separation agreement or divorce that you did not rep ,)	oort as \$	
			•	_	
9	f. Debts	to pension or profit-sh	aring plans, and other similar debts. (Copy line 6h.)	+ \$	
9	g. Total.	. Add lines 9a through 9	9f.	\$	

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) - L	Roseanne	<u> </u>	Cuimia					
ebtor 1	First Name	Middle Name	Guizio Last Name					
ebtor 2 couse, if filing)	First Name	Middle Name	Last Name					
nited States	Bankruptcy Court for th	e: District of New Jersey		-				
ase number	17-21831							
			, <u>. </u>]			Check if this is amended filing
Officia	l Form 106[Dec						
Decl	aration <i>l</i>	About an I	ndividi	ıal De	htor's	Schod	uloc	
		About an I					ules	12/15
lf two marr	ied people are filin	g together, both are eq	ually responsil	ole for suppl	ing correct ir	nformation.		
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If two marr You must f obtaining n years, or be Did you	ied people are filing ile this form whene noney or property oth. 18 U.S.C. §§ 15 Sign Below pay or agree to pa	g together, both are eq ever you file bankruptcy by fraud in connection 52, 1341, 1519, and 357	ually responsil y schedules or with a bankrup 1.	ole for suppl amended so otcy case cal	ving correct in hedules. Making result in fine out bankrupt tach Bankruptcy	ing a false stater s up to \$250,000 ccy forms?	nent, conceali , or imprisonm	ng property, or nent for up to 20

Signature of Debtor 2

Date MM / DD / YYYY

Date MM / DD / YYYY

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Debtor 1 Roseanne First Name Middle Name Last Name Debtor 2 (Spouse, if filing) United States Bankruptcy Court for the: District of New Jersey Case number (If known)	Fill in this in	formation to iden	tify your case:		
(Spouse, if filing) First Name Middle Name Last Name United States Bankruptcy Court for the: District of New Jersey Case number 17-21831	Debtor 1		Middle Name		
United States Bankruptcy Court for the: District of New Jersey Case number 17-21831		First Name	Middle Name	l ast Name	
Case number 17-21831 (If known)	United States E	Bankruptcy Court for	the: District of New Jersey		F
	Case number (If known)	17-21831		_	

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

II we a			
Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?	
Creditor's name: Ditech Financial	Surrender the property.	☑ No	
Description of 11 Fairview Avenue, Washington, NJ	Retain the property and redeem it.	Yes	
property 07853 securing debt:	☐ Retain the property and enter into a Reaffirmation Agreement.	□ res	
	Retain the property and [explain]:		
Creditor's name: Everbank	✓ Surrender the property.		
	Retain the property and redeem it.	☑ No	
Description of 11 Fairview Avenue, Washington, NJ property 07853 securing debt:	Retain the property and enter into a Reaffirmation Agreement.	Yes	
	Retain the property and [explain]:		
Creditor's name: Bank of America	☑ Surrender the property.	⊿ No	
	Retain the property and redeem it.	,	
Description of 11 Fairview Avenue, Washington, NJ property 07853 securing debt:	Retain the property and enter into a Reaffirmation Agreement.	Yes	
	Retain the property and [explain]:		
Creditor's name:	☐ Surrender the property.		
Description of	Retain the property and redeem it.	□ No	
property Securing debt:	Retain the property and enter into a Reaffirmation Agreement.	Yes	
	Retain the property and [explain]:		

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Debtor	1

Rosear	nne		Guizio	Case number (If known) 17-21831
First Name	Middle Name	Last Name		Case Humber (It known) 1. 2.001

Part 2:	List Your	Unexpired	Personal	Property	Leases

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

	3 (-)(-).
Describe your unexpired personal property leases	Will the lease be assumed?
Lessor's name:	☐ No
Description of leased property:	☐ Yes
Lessor's name:	☐ No
Description of leased property:	☐ Yes
Lessor's name:	□ No
Description of leased property:	☐ Yes
Lessor's name:	□ No
Description of leased property:	☐ Yes
Lessor's name:	□ No
Description of leased property:	☐ Yes
Lessor's name:	□ No
Description of leased property:	☐ Yes
Lessor's name:	□ No
Description of leased property:	☐ Yes
t 3: Sign Below	
nder penalty of perjury, I declare that I have indicated my intentior ersonal property that is subject to an unexpired lease.	about any property of my estate that secures a debt and any
Cosanne Suizio *	
Signature of Debtor 1 Signature of I	Debtor 2
7/14/ Z317 Date	in / www

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	Fill in this information to identify your case:	-			Check one box	only as directed in this form and i	n
_	Debtor 1 Roséanne	Cur			Form 122A-1Su		•
	First Name Middle Name	Last Name	70	-	1. There is no	presumption of abuse	
	Debtor 2 Spouse, if filing) First Name Middle Name	Last Name		-	2. The calcula	ition to determine if a presumption of	f
ι	United States Bankruptcy Court for the: District of _	NEW J	TERSEY			ies will be made under <i>Chapter 7</i> <i>t Calculation</i> (Official Form 122A–2).	
	Case number	_			3. The Means qualified m	Test does not apply now because o ilitary service but it could apply later.	f
					☐ Check if this	is an amended filing	
O	fficial Form 122A—1						
C	hapter 7 Statement of You	Curr	ent M	onth	lv Income	12	2/15
spa add do <i>Ab</i>	as complete and accurate as possible. If two married pace is needed, attach a separate sheet to this form. Inc ditional pages, write your name and case number (if kn not have primarily consumer debts or because of qualwase Under § 707(b)(2) (Official Form 122A-1Supp) with Calculate Your Current Monthly Income	lude the lin lown). If you lifying milita this form.	e number to u believe th	o which t at you ar	he additional info e exempted from a	mation applies. On the top of any	rou
1	. What is your marital and filing status? Check one only	<i>.</i>	. "				
	Not married. Fill out Column A, lines 2-11.						
	Married and your spouse is filing with you. Fill out				1.		
	Married and your spouse is NOT filing with you.						
	Living in the same household and are not leg	gally separa	ated. Fill out	both Colu	ımns A and B, lines	2-11.	
	Living separately or are legally separated. Fil under penalty of perjury that you and your spous spouse are living apart for reasons that do not in	se are legall	ly separated	under no	nbankruptcy law tha	at applies or that you and your	
	Fill in the average monthly income that you received bankruptcy case. 11 U.S.C. § 101(10A). For example, if August 31. If the amount of your monthly income varied of Fill in the result. Do not include any income amount more income from that property in one column only. If you have	from all so f you are filinduring the 6 than once.	ources, deriving on Septer months, add For example	red durin mber 15, t I the incore, if both s	g the 6 full months the 6-month period me for all 6 months spouses own the sa	s before you file this would be March 1 through and divide the total by 6	
					Column A Debtor 1	Column B Debtor 2 or non-filing spouse	
2.	Your gross wages, salary, tips, bonuses, overtime, ar (before all payroll deductions).	nd commiss	sions		\$ <u>0.0</u> 0	\$ 4,632.41	
3.	Alimony and maintenance payments. Do not include particular of the column B is filled in.	ayments fro	m a spouse	if	\$ 00.0	\$	
4.	All amounts from any source which are regularly paid of you or your dependents, including child support. In from an unmarried partner, members of your household, yand roommates. Include regular contributions from a spot	nclude regul vour depend	lar contribution dents, parent	ons s.	\$ <u>0</u> .00	\$ <u> </u>	
5.	Net income from operating a business, profession, or farm	Debtor 1	Debtor 2				
	Gross receipts (before all deductions)	\$	\$				
	Ordinary and necessary operating expenses	- \$	- \$				
	Net monthly income from a business, profession, or farm	\$	\$	Copy here	\$	\$ <u>0. co</u>	
6.	Net income from rental and other real property Gross receipts (before all deductions)	Debtor 1 \$	Debtor 2 \$				
	Ordinary and necessary operating expenses	- \$_	- \$				
	Net monthly income from rental or other real property	\$	s	Copy here→	s O.w	\$ 0.00	
7.	Interest, dividends, and royalties	Ψ	Ψ	ilete 🗡	\$ 0.00	\$ 0.00	
	-				* <u> </u>	¥	

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Debtor 1 First Name Middle Name Lest Name		Case number (if known)_		
i ist Name Middle Name Last Name		Tantour (# x//bw//)		
		Column A Debtor 1	Column B Debtor 2 or non-filing spouse	
8. Unemployment compensation		\$ 6.00	\$ 0.00	
Do not enter the amount if you contend that the amoun under the Social Security Act. Instead, list it here:	.	<u> </u>	3 0,0	
For your cooking	\$			
For your spouse	···· \$			
Pension or retirement income. Do not include any arbenefit under the Social Security Act.	nount received that was a	\$ O. 00	\$ 0.00	
10. Income from all other sources not listed above. Spe Do not include any benefits received under the Social S as a victim of a war crime, a crime against humanity, or terrorism. If necessary, list other sources on a separate	Security Act or payments received	•	\$ <u></u>	
		\$ 6.00	\$ 0,00	
		\$	\$ <u>0.00</u>	
Total amounts from separate pages, if any.		+ \$	+ \$	
Calculate your total current monthly income. Add lin column. Then add the total for Column A to the total for	es 2 through 10 for each Column B.	\$_0.00 +	\$ 4,632.41	\$ 4,6 3241
Part 2: Determine Whether the Means Test Ap	plies to You			Total current monthly income
12. Calculate your current monthly income for the year.	Follow these steps:			
12a. Copy your total current monthly income from line	11	Сору	line 11 here	4,632.41
Multiply by 12 (the number of months in a year).		,	<u> </u>	12
12b. The result is your annual income for this part of the	e form.			55,588.92
13. Calculate the median family income that applies to ye	ou. Follow these steps:		L	
Fill in the state in which you live.	NJ			
Fill in the number of people in your household.	2			
Fill in the median family income for your state and size of	household			2636
To find a list of applicable median income amounts, go or instructions for this form. This list may also be available a 14. How do the lines compare?	alino vicina tha llatia a lice a con-	e separate	13. [\$_	75, 305
14a. Line 12b is less than or equal to line 13. On the t	op of page 1, check box 1, There	e is no presumption of	abuse.	
14b. Line 12b is more than line 13. On the top of page Go to Part 3 and fill out Form 122A-2.	e 1, check box 2, The presumption	n of abuse is determir	ned by Form 122A-2.	
Part 3: Sign Below				
By signing here, I declare under penalty of perjury	that the information on this state	ment and in any attac	hments is true and co	rrect
* Kosanne Juisio	×	•	in the true tria co	rect.
Signature of Debtor 1		ure of Debtor 2		
Date				
MM / DD / YYYY	Date _	MM / DD / YYYY		
If you checked line 14a, do NOT fill out or file F	orm 122A-2.			
If you checked line 14b, fill out Form 122A–2 ar				

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List of Creditors Roseanne Guizio Case No.: 17-21831

Company Name	Address
iDirecti Rinancial	216 Balkonië voinë Westmont NJ-98468
Everbank	216 Haddon Avenue Westmont, NJ 08108
Beaker America	PO Box 31785 Thomas, FL 33631
American Express	PO Box 30384 Salt Lake City, UT 84130
Capital One /	PO Bex 30285 Sale Lake City (F) \$4130
Citi Bank	PO Box 6500 Sioux Falls, SD 57117
'Kohl's'	PC*Box 9983 'Milwaistee; xVT900030
Macy's	PO Box 78008 Phoenix, AZ 85062
, (Dincillar)	Wilmington DE 19880

FHLED JEANNE A. NAUGHTON, CLERK

JUL 17 2017

U.S. BANKRUPTCY COURT NEWARK, N.J. DEPUT